

APPLICATION DATA SHEET**APPLICATION INFORMATION**

Application Number:: Not Yet Assigned
 Filing Date:: Filed Concurrently Herewith
 Application Type:: Regular
 Subject Matter:: Utility
 CD-ROM or CD-R?:: None
 Computer Readable Form (CRF)?:: No
 Title:: A SUPPORT ARRANGEMENT FOR
USE IN SUPPORTING A BONE
DURING A SURGICAL OPERATION
 Attorney Docket Number:: 5000-053079
 Request for Early Publication?:: No
 Request for Non-Publication?:: No
 Total Drawing Sheets:: 6
 Small Entity?:: Yes
 Secrecy Order In Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: Australia
 Status:: Full Capacity
 Given Name:: Eugene
 Family Name:: SHERRY
 City of Residence:: Penrith
 State or Province of Residence:: New South Wales
 Country of Residence:: Australia
 Street of Mailing Address:: 108 Lethbridge Street
 City of Mailing Address:: Penrith
 State or Province of Residence:: New South Wales
 Country of Mailing Address:: Australia
 Postal or Zip Code of Mailing Address:: 2750

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Michael
Family Name:: EGAN
City of Residence:: Blacktown
State or Province of Residence:: New South Wales
Country of Residence:: Australia
Street of Mailing Address:: 62 Tulloch Street
City of Mailing Address:: Blacktown
State or Province of Residence:: New South Wales
Country of Mailing Address:: Australia
Postal or Zip Code of Mailing Address:: 2148

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Bob
Family Name:: LYE
City of Residence:: Brookvale
State or Province of Residence:: New South Wales
Country of Residence:: Australia
Street of Mailing Address:: 6 Roger Street
City of Mailing Address:: Brookvale
State or Province of Residence:: New South Wales
Country of Mailing Address:: Australia
Postal or Zip Code of Mailing Address:: 2100

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 28289

REPRESENTATIVE INFORMATION

Representative Customer Number::	28289	
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FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::
WIPO	PCT/AU2004/000486	04/14/2004	Yes
AU	2003901738	04/14/2003	Yes

ASSIGNMENT INFORMATION

Assignee Name:: INTERNATIONAL PATENT OWNERS
(CAYMAN) LIMITED

Street of Mailing Address:: Walker House, P.O. Box 908GT, Mary
Street

City of Mailing Address:: Grand Cayman

Country of Mailing Address:: Cayman Islands